

INDIAN HEALTH SERVICE
FY 2003 PERFORMANCE INDICATORS – Final
FY 2004 PERFORMANCE INDICATORS - Submitted

Submitted with FY 2003 Performance Plan, January 31, 2002 and
with FY 2004 President's Budget Request-January 2003 (final revisions to FY03)

- ① By selecting all or some of the IHS GPRA indicators listed here to track, report on and assess, either with GPRA+ FY03 Clinical Indicator Reporting software or some other automated or manual system, facilities will be in compliance with the following JCAHO standards:
PI 1, 2, 3 4; **LD** 1, 1.1.2, 1.3, 1.3.1, 1.3.3, 1.1.4, 2.6, 4.1, 4.2, 4.3, 4.3.2; **HR** 2.1; **IM** 1, 3, 4, 5, 5.1, 6, 7, 7.2, 7.4, 7.6, 8, 10
- ② Facilities using GPRA+ FY03 Clinical Indicator Reporting software or other systems to track and assess all or any GPRA clinical indicators also will be in compliance with: **LD** 1.1.0, 1.10.1, 1.10.2, 1.10.3

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
TREATMENT INDICATORS					
Indicator 1 Diabetes Prevalence: During FY 2003, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	Indicator 1 Diabetes Prevalence: During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.	LD 1.3 ②	Edna Paisano, OPS/OPH, 301-443-1180 Kelly Acton, OCPS/OPH, 505-248-4182	IHS statistics program RPMS/PCC reports, Diabetes Registries RPMS/PCC reports Preliminary data: GPRA+ Area Reports	
Indicator 2 Diabetes: Glycemic Control: During FY 2003, maintain the FY 2002 performance level for glycemic control in the proportion of I/T/U patients with diagnosed diabetes.	Indicator 2 Diabetes: Glycemic Control: During FY 2004, increase the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control by 2% over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 30% FY02: NA HP2010 <= 7: 40%
Indicator 3 Diabetes: Blood Pressure Control: During FY 2003, maintain the FY 2002 performance level for blood pressure control in the proportion of I/T/U patients with diagnosed diabetes who have achieved blood pressure control standards.	Indicator 3 Diabetes: Blood Pressure Control: During FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control by 2% over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 41% FY02: NA IHS 2010: 50%

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 4 Diabetes: Dyslipidemia Assessment: During FY 2003, maintain the FY 2002 performance level for the proportion of I/T/U patients with diagnosed diabetes assessed for dyslipidemia (i. e., LDL cholesterol).	Indicator 4 Diabetes: Dyslipidemia Assessment: During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia by 2% over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 60% FY02: NA IHS 2010: 70%
Indicator 5 Diabetes: Nephropathy Assessment: During FY 2003, maintain the proportion of I/T/U patients with diagnosed diabetes assessed for nephropathy.	Indicator 5: Diabetes: Nephropathy Assessment: During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 2% over FY 2003 level.	②	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 54% FY02: NA IHS 2010: 70%
Indicator 6 Diabetic Retinopathy: (New for FY03) During FY 2003, increase the proportion of I/T/U diabetic patients who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2002 rate.	Indicator 6 Diabetic Retinopathy: During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.	②	Mark Horton, PIMC, 602-263-1200	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area reports	New indicator, no previous performance
Indicator 7 Pap Smear Rates: During FY 2003, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2002 levels.	Indicator 7 Pap Smear Rates: During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.	②	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02 Not met. Baseline: 43% HP2010: 90%
Indicator 8 Mammography Rates: During FY 2003, maintain mammography screening of eligible women patients at the FY 2002 rate.	Indicator 8 Mammography Rates: During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate.	②	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. Baseline: 25% HP 2010: 70%
Indicator 9: <i>This indicator addressing well child visits has been discontinued for FY 2003.</i>					

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 10 RTF: During FY 2003, Regional Treatment Centers will collectively achieve at least a 5% increase over the FY 2002 baseline for each of the following criteria:</p> <ul style="list-style-type: none"> a. % of youths who successfully completed alcohol/ substance abuse treatment at IHS funded Residential Youth Treatment Centers b. % of youth (who completed treatment) who developed an aftercare plan with their appropriate aftercare agency c. % of youth who have this after care plan communicated to the responsible follow-up agency; documentation of this communication must be in the youth RTC record d. % of RTC programs that have a family week opportunity for youth that participate in the Regional Treatment Centers 	<p>Indicator 10 RTF: During FY 2004, Regional Treatment Centers will collectively achieve at least a 5% increase over the FY 2003 baseline for each of the following criteria:</p> <ul style="list-style-type: none"> a. % of youths who successfully completed alcohol/ substance abuse treatment at IHS funded Residential Youth Treatment Centers b. % of youth (who completed treatment) who developed an aftercare plan with their appropriate aftercare agency c. % of youth who have this after care plan communicated to the responsible follow-up agency; documentation of this communication must be in the youth RTC record d. % of RTC programs that have a family week opportunity for youth that participate in the Regional Treatment Centers 	<p>CC 4, 4.1, 4.1.1, 5; IM 1, 7 ②</p>	<p>Wilbur Woodis, OCPS/OPH, 301-443-6581</p>	<p>Collected from RTCs by Area BH Coordinators</p>	<p>FY02: Met. Need to get specific baseline data</p>
<p>Indicator 11 FAS Prevention: During FY 2003, maintain the proportion of I/T/U prenatal clinics utilizing a recognized screening and case management protocol(s) for pregnant substance abusing women at the FY 2002 level.</p>	<p>Indicator 11 FAS Prevention: During FY 2004, establish a baseline rate for alcohol use in female patients of child-bearing age.</p>	<p>②</p>	<p>Wilbur Woodis, OCPS/OPH, 301-443-6581</p>	<p>Collected via survey by Area BH Coordinators</p>	<p>FY02: Met. 92.5%</p>
<p>Indicator 12 Water Fluoridation: During FY 2003, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2002 levels for all IHS Areas.</p>	<p>Indicator 12 Water Fluoridation: During FY 2004, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2003 levels for all IHS Areas.</p>	<p>EC 3, 4</p>	<p>Patrick Blahut, OCPS/OPH, 301-443-1106</p>	<p>WFRS (CDC) and reports from Area Fluoridation Coordinators</p>	<p>FY02: Not met</p>

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 13 Dental Access: During FY 2003, maintain the proportion of the AI/AN patients that obtain access to dental services at the FY 2002 level.	Indicator 13 Dental Access: During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.		Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. 27% IHS 2010: 40%
Indicator 14 Dental Sealants: During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.	Indicator 14 Dental Sealants: During FY 2004, maintain the number of sealants placed per year in AI/AN children at the FY 2003 level.		Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base Preliminary data: GPRA+ Area Reports	FY02: Met. All IHS = 227,945
Indicator 15 Diabetes: Dental Access: During FY 2003, increase the proportion of the AI/AN population diagnosed with diabetes who obtain access to dental services by 2% over the FY 2002 level.	Indicator 15 Diabetes: Dental Access: During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.	②	Patrick Blahut, OCPS/OPH, 301-443-1106	IHS Diabetes Care and Outcomes Audit Preliminary data: GPRA+ Area Reports	FY01: 34% FY02: NA HP2010: 75%
Indicator 16 Domestic Violence: During FY 2003 the IHS will address domestic violence, abuse, and neglect by assuring that: a. at least 85% of I/T/U medical facilities (providing ER and urgent care) will have written policies and procedures for routinely identifying and following: • intimate partner abuse (IPV) • child abuse and/ or neglect • elder abuse and/ or neglect b. at least 60% of I/T/U medical facilities (providing direct patient care) will provide training to the direct clinical staff on the application of these policies and procedures c. a standard data code set is developed for the screening of intimate partner abuse in conjunction with the Family Violence Prevention Fund and AHRQ	Indicator 16 Domestic Violence: During FY 2004 the IHS will address domestic violence, abuse, and neglect by assuring that: a. at least 65% of medical facilities (providing direct patient care) will provide training to the direct clinical staff on the application of these policies and procedures b. A standard code set for domestic violence screening is implemented into the RPMS data system c. 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities	PE 1.9, 8 ②	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/OPH, 301-443-2038	Collected via questionnaire by Area GPRA Coordinators	FY02: Met a. 85% b. 70%

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 17 Clinical IT: During FY 2003, the IHS will continue the development of automated approaches for deriving performance information by:</p> <ul style="list-style-type: none"> a. Completing collection of baseline data for any performance measures where electronic data collection was implemented in FY 2002 and continue collection into measurement years, b. Implementing additional electronically derived performance measures as their accuracy is proven to be sufficient, c. Distributing semi-automated LOINC mapping tool for IHS's clinical information system to all (100%) I/T/U sites; achieve full local LOINC mapping at 5 sites in addition to the 5 pilot sites. 	<p>Indicator 17 Clinical IT: During FY 2004 implement a national program to improve the quality, accuracy and timeliness of RPMS Patient Care Component (PCC) data to support the Agency's GPRA clinical measures by</p> <ul style="list-style-type: none"> a. implementing a regional RPMS PCC 'data quality' assessment training at each regional IHS office b. expand the current automated data quality assessment package to include 2 new additional clinical measures 	LD 4.4.3	Mike Gomez IHPES, 505-248-4152	Questionnaire	FY02: Met. 5 sites assessed
<p>Indicator 18 Behavioral Health IT: During FY 2003, improve the Behavioral Health Data System by:</p> <ul style="list-style-type: none"> a. Assuring at least 50% of the I/T/U programs will report minimum agreed-to behavioral health-related data into the national data warehouse. b. Increasing the number of I/T/U programs utilizing the RPMS behavioral health data reporting systems by 5% over the FY 2002 rate. 	<p>Indicator 18 Behavioral Health IT: During FY 2004, improve the Behavioral Health Data System by:</p> <ul style="list-style-type: none"> a. Assuring at least 55% of the I/T/U programs will report minimum agreed-to behavioral health-related data into the national data warehouse. b. Increasing the number of I/T/U programs utilizing the RPMS behavioral health data reporting systems by 5% over the FY 2003 rate. 	LD 4.4.3; IM 1, 7	Wilbur Woodis, OCPS/OPH, 301-443-6581	<ul style="list-style-type: none"> a. Indian Health Performance Evaluation System b. Collected via questionnaire to sites by OPH/BH staff 	FY02: Met. Need to get actual number IHS 2010: 90%
<p>Indicator 19 Urban IT: During FY 2003, increase by 2 sites the number of Urban Indian Health Programs that have implemented mutually compatible automated information systems that capture health status and patient care data over FY 2002.</p>	<p>Indicator 19 Urban IT: ON HOLD</p>	LD 4.4.3; IM 1, 7	Jim Cussen, Urban/OD, 301-443-4680	HQ Urban Indian Health Programs office	FY02: Met IHS 2010: 34 sites

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 20 Accreditation: During FY 2003, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	Indicator 20 Accreditation: During FY 2004, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	MA 2	Balerna Burgess, OEM/OPH, 301-443-1016	Accreditation reports submitted by IHS Area Quality Assurance coordinators.	100%
Indicator 21 Medication Error Reporting: During FY 2003, the IHS will asses the current practices for reporting medication errors, develop a standardized non-punitive anonymous medication error reporting system and will develop system improvement recommendations to lower the rate of medication errors to improve the quality of healthcare. During FY 2003, the IHS will: a. Establish baseline data for medication error reporting for all IHS Areas using an approved instrument and compare this national data with other national benchmarks. (While this will not be a true medication error rate, it will allow IHS to see improvement in reporting if the number of reported errors increases over time). b. establish pilot sites, in two areas, a standardized anonymous medication error reporting system (Phoenix and Albuquerque)	Indicator 21 Medication Error Reporting: During FY 2004, the IHS will asses the current practices for reporting medication errors, develop a standardized non-punitive anonymous medication error reporting system and will develop system improvement recommendations to lower the rate of medication errors to improve the quality of healthcare. During FY 2004, the IHS will: a. Assess baseline data for medication error reporting for all IHS Areas using an approved instrument and compare this national data with other national benchmarks. (While this will not be a true medication error rate, it will allow IHS to see improvement in reporting if the number of reported errors increases over time). b. establish pilot sites, in two areas, a standardized anonymous medication error reporting system (Phoenix and Albuquerque)	LD 3.3.1, 4.4.1, 5, 5.1, 5.2, 5.3; PF 3.1; TX 3; MA 2 ②	Robert Pittman, OCPS/OPH, 301-443-1190	Reports from Risk Management Officers	Pilot on 02
Indicator 22 Consumer Satisfaction: By the end of FY 2003, secure baseline consumer satisfaction rates using an OMB approved instrument.	Indicator 22 Consumer Satisfaction: By the end of FY 2004, improve consumer satisfaction rates by 2% over the FY 03 baseline.	LD 1.1.1.1, 1.3.4; HR 2, 4	Ben Muneta Phil Smith, OPS/OPH, 301-443-6528	IHS Consumer Satisfaction Survey	FY02: Met. OMB clearance received

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
PREVENTION INDICATORS					
<u>Indicator 23 PHN Visits:</u> During FY 2003, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2002 workload levels.	<u>Indicator 23 PHN Visits:</u> During FY 2004, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.	②	Barbara Fine, OCPS/OPH, 301-443-1840	NPIRS data base IHPS data base GPRA+ Area Reports, IHS Program Statistics Team, and written reports submitted by Tribes using non-RPMS systems.	FY01 Total visits: 383,436 FY01 Home visits: 153,852 FY02: NA
<u>Indicator 24 Childhood Immunization Rates:</u> In FY 2003, maintain FY 2002 levels in the proportion of AI/AN children who have completed all recommended immunizations for ages 3-27 months, as recommended by Advisory Committee on Immunization Practices.	<u>Indicator 24 Childhood Immunization Rates:</u> In FY 2004, a. increase the proportion of AI/AN children patients who have completed all required immunizations for ages 3-27 months, as recommended by Advisory Committee on Immunization Practices by 2% over FY 03 level. b. establish baseline rates for required immunizations for AI/AN children patients 19-35 months	②	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, OPS/OPH, 505-248-4226	Quarterly RPMS Immunization application reports from Area Immunization Coordinators	FY02: Not met. 78% HP2010: 90%
<u>Indicator 25 Influenza Vaccine Rates:</u> In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	<u>Indicator 25 Influenza Vaccine Rates:</u> In FY 2004, maintain FY 2004 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	②	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base Preliminary data: GPRA+ Area Reports	FY01: 35% FY02: 31% HP2010: 90%
<u>Indicator 26 Pneumovax Rates:</u> (New for FY03) In FY 2003, maintain the FY 2002 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	<u>Indicator 26 Pneumovax Rates:</u> In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	②	Amy Groom, Epi/NPABQ, 505-248-4226 Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base Preliminary data: GPRA+ area reports	FY02: 17% HP2010: 90%

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 27 Injury Prevention: During FY 2003, implement at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	Indicator 27 Injury Prevention: During FY 2004, maintain at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.		Alan Dellapenna, OEHE/OPH, 301-443-0097	Reports from Area Injury Prevention Specialists	FY02: 25 sites
Indicator 28 Injury Mortality: During FY 2003, assure that the unintentional injury-related mortality rate for AI/AN people is no higher than the FY 2002 level.	Indicator 28 Injury Mortality: During FY 2004, assure that the unintentional injury-related mortality rate for AI/AN people is no higher than the FY 2003 level.		Alan Dellapenna, OEHE/OPH, 301-443-0097	National Center for Health Statistics	FY 99: 99.5/100,000
Indicator 29 Suicide Surveillance: During FY 2003, increase by 5% over the FY 2002 level, the proportion of I/T/Us that have implemented systematic suicide surveillance and referral systems which include: a. monitoring the incidence and prevalence rates of suicidal acts (attempts and completions) b. assuring appropriate population-based prevention and interventions are available and services are made accessible to individuals identified at risk	Indicator 29 Suicide Surveillance: During FY 2004, increase by 3% over the FY 2003 level, the proportion of I/T/Us that have implemented systematic suicide surveillance and referral systems which include: a. monitoring the incidence and prevalence rates of suicidal acts (attempts and completions) b. assuring appropriate population-based prevention and interventions are available and services are made accessible to individuals identified at risk c. establish baseline rates for adolescent suicide (12-19 yo)	PE 6 ②	Marlene Echohawk, OCPS/OPH, 301-443-2589	Area BH coordinators	FY02: Met. Need baseline data

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 30 CVD Prevention: During FY 2003, the IHS will continue collaboration with NIH to assist three AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)</p> <p>Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:</p> <ul style="list-style-type: none"> Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) Hypertension (% of adults with HTN, % treated, % at goal) Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes Tobacco Usage Rates Number of Clients in Tobacco cessation programs, Number of people who have successfully quit (Quit = not had a cigarette in a year) Obesity rates measured by BMI Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes <p><i>Additional</i> Indicator being tracked by sites:</p> <ul style="list-style-type: none"> Monitor number of people who received Medical Nutrition Therapy (MNT) Numbers and percentages of appropriate patients on preventative aspirin (and +/- ACE-I if diabetic). 	<p>Indicator 30 CVD Prevention: During FY 2004, the IHS will continue collaboration with NIH to assist four AI/AN communities to implement culturally sensitive community-directed pilot cardiovascular disease prevention programs and initiate expansion into at least one new AI/AN site. (Current sites: the Laguna Pueblo of New Mexico, the Ponca Tribe of Oklahoma, and Bristol Bay, Alaska)</p> <p>Selected and developed by each local site, consistent with interventions, to be tracked through RPMS:</p> <ul style="list-style-type: none"> Blood Lipids (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal) Hypertension (% of adults with HTN, % treated, % at goal) Tobacco rates: Using the Health Factors Taxonomy: i.e. documentation and coding on the PCC using the IHS Patient Education Protocols and Codes Tobacco Usage Rates Number of Clients in Tobacco cessation programs, Number of people who have successfully quit (Quit = not had a cigarette in a year) Obesity rates measured by BMI Tracking of Patient Education on exercise using the IHS Patient and Family Education Protocols and Codes <p><i>Additional</i> Indicator being tracked by sites:</p> <ul style="list-style-type: none"> Monitor number of people who received Medical Nutrition Therapy (MNT) Numbers and percentages of appropriate patients on preventative aspirin (and +/- ACE-I if diabetic). 	②	Mary Wachacha, OCPS/OPH, 301-443-9531	IHPES data base Preliminary data: GPRA+ Local Facility Reports	FY02: 3 sites started

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 31 Obesity: During FY 2003, begin implementation or continue implementation of all components of the Indian health system obesity prevention and treatment plan developed in FY 2002 that include:</p> <ul style="list-style-type: none"> a. a multidisciplinary stakeholder obesity prevention and treatment planning group b. a staff development and IT development plan to assure securing height and weight data for all system users to monitor AI/AN population obesity c. an infrastructure to collect, interpret and diffuse the approaches from obesity related demonstration projects and studies to IHS Areas and I/T/Us 	<p>Indicator 31 Obesity: During FY 2004, begin implementation or continue implementation of all components of the Indian health system obesity prevention and treatment plan including:</p> <ul style="list-style-type: none"> a. Each area is responsible for implementation of an area wide, long range comprehensive obesity prevention and control plan b. Each area will establish the omission rate of recording the height and weight of its patients; Each area will generate a standard age-specific report of BMIs on children and adults c. Area offices will host National and Area trainings among appropriate I/T/U stakeholders that emphasize area wide Obesity Prevention and Control Plans 	②	Jean Charles-Azure, OCPS/OPH, 301-443-0576	NPIRS Preliminary data: GPRA+ Area reports	FY02: Met. Developed plan
<p>Indicator 32 Tobacco Control: By the end of 2003, the IHS and its stakeholders will develop a five-year plan for tobacco control in AI/AN communities.</p>	<p>Indicator 32 Tobacco Control: By the end of 2004, the IHS and its stakeholders will have implemented the identified activities as specified in the five-year plan for tobacco control in AI/AN communities</p>	②	Nat Cobb, OPS/OPH, 505-248-4132	IHS Program Records	FY02: Met. Implemented plan at 5 control sites.
<p>Indicator 33 HIV Surveillance: <i>This indicator addressing HIV surveillance has been discontinued for FY 2003.</i></p>	<p>Indicator 33 HIV Surveillance: <i>This indicator addressing HIV surveillance has been discontinued for FY 2003.</i></p>				
<p>Indicator 34 HIV Testing: During FY 2003, increase the percentage of high risk sexually active patients who have been tested for HIV and received risk reduction counseling at least 5% above the FY 2002 level.</p>	<p>Indicator 34 HIV Testing: During FY 2004, determine the percentage of high risk sexually active patients who have been tested for HIV at an additional ten sites.</p>	②	Jeanne Bertolli, CDC, 404-639-8500 Jim Cheek, IHS Epi/NPABQ, 505-248-4226	ID Web	FY02: Met. Baseline data in 3 areas.

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 35 Environmental Health: During FY 2003, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2002 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	Indicator 35 Environmental Health: During FY 2004, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2002 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	LD 4; EC 3, 4	Kelly Taylor, OEHE/OPH, 301-443-1593	WebEHRS	19 additional sites in 02
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS					
Indicator 36 BEMAR: <i>This indicator on reducing the BEMAR was discontinued for FY 2002 and 2003 consistent with recommendation by OMB.</i>	Indicator 36 BEMAR: <i>This indicator on reducing the BEMAR was discontinued for FY 2002 and 2003 consistent with recommendation by OMB.</i>				
Indicator 37 Sanitation: During FY 2003, provide sanitation facilities projects to 15,255 Indian homes (estimated 3,800 new or like-new homes and 11,455 existing homes) with water, sewage disposal, and/or solid waste facilities.	Indicator 37 Sanitation: During FY 2003, provide sanitation facilities projects to 18,150 Indian homes with water, sewage disposal, and/or solid waste facilities.	EC 3, 4	Crispin Kinney, OEHE/OPH, 301-443-1046	IHS Sanitation Deficiency System (SDS) and Project Data System (PDS)	FY02: Met. 21,225 homes

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 38 Facility Construction: During FY 2003, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities:</p> <p>Inpatient:</p> <p>Ft. Defiance, AZ – continue construction of staff quarters associated with new replacement hospital.</p> <p>Winnebago, NE – continue construction of the replacement hospital.</p> <p>Outpatient:</p> <p>Pinon, AZ – continue construction of the new health center, including supporting staff quarters.</p> <p>Red Mesa, AZ – continue construction of a new health center, including supporting staff quarters.</p> <p>Pawnee, OK – continue construction of a replacement health center.</p> <p>St. Paul, AK – continue construction of a replacement tribal health center, including supporting staff quarters.</p> <p>Dental Units: Provide dental units on priority needs basis.</p>	<p>Indicator 38 Facility Construction: During FY 2004, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities:</p> <p>Outpatient:</p> <p>Pinon, AZ – continue construction of the new health center, including supporting staff quarters.</p> <p>Red Mesa, AZ – continue construction of a new health center, including supporting staff quarters.</p> <p>Metlakatla, AK – continue construction of a replacement health center.</p> <p>Sisseton, SD – complete design of a replacement health center, including supporting staff quarters.</p>	<p>EC 1, 2, 3, 4 ; HR 2; LD 1,1, 3; MA 2, 2.1, 3</p>	<p>Jose Cuzme, OEHE/OPH, 301-443-8616</p>	<p>HQ OEHE</p>	<p>FY02: Met</p>
PARTNERSHIPS/CORE FUNCTIONS/ADVOCACY INDICATORS					
<p>Indicator 39 Consultation: During FY 2003, the IHS will improve stakeholder satisfaction with the IHS consultation process by 5% over the FY 2002 baseline.</p>	<p>Indicator 39 Consultation: During FY 2004, the IHS will improve stakeholder satisfaction with the IHS consultation process by 3% over the FY 2002 baseline.</p>		<p>Dave Byington, OTP/OD, 301-443-1104</p>	<p>I/T/U survey instrument and protocol.</p>	<p>FY02: Partially met</p>

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
Indicator 40 CHS: During the FY 2003 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2002 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	Indicator 40 CHS: During the FY 2004 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	HR 2, 3; 4; MA 3, 4 LD 1.3, 4.1, 2.10, 4	Clayton Old Elk, DCCRM/OPH, 301-443-2694 Brenda Jeanotte, OCPS/OPH, 301-443-2694	IHS Fiscal Intermediary	FY02: NA
Indicator 41 Public Health Infrastructure: By the end of FY 2003, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters and six of the Area Offices.	Indicator 41 Public Health Infrastructure: By the end of FY 2004, the IHS will have completed a systematic assessment of the public health infrastructure for an additional 3 area offices		Nat Cobb, OPS/OPH, 505-248-4132	HQ and Area Surveys	
Indicator 42 Cost Accounting: <i>This indicator addressing cost accounting has been discontinued for FY 2003 because HHS is investing in a new unified accounting system and has asked agencies to not proceed in this direction until the IT architecture for the new system is developed and specification are available.</i>					
Indicator 43 Regulatory Compliance: By the end of FY 2003, the IHS will increase by 10% over the FY 2002 level the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	Indicator 43 Regulatory Compliance: By the end of FY 2003, the IHS will increase by 10% over the FY 2002 level the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	MA 3,4; HR 3; LD 3	Elmer Brewster, OEM/OPH, 301-443-1016	Survey of IHS hospitals and clinics conducted by HQ	New for FY03

FY03 Indicator	FY04 Indicator	JCAHO Crosswalk ①	HQ/Field Leads	Data Source	Performance Target(s)
<p>Indicator 44 Self Determination: During FY 2003, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by:</p> <p>a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs.</p> <p>b. reviewing all initial contract support cost requests submitted (100%) using a IHS Contract Support Cost Policy Review Protocol to assure the application of consistent standards in order to assure equitable and approvable requests.</p>	<p>Indicator 44 Self Determination: During FY 2004, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by:</p> <p>a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs.</p> <p>b. reviewing all initial contract support cost requests submitted (100%) using a IHS Contract Support Cost Policy Review Protocol to assure the application of consistent standards in order to assure equitable and approvable requests.</p>	<p>MA 3, 4; HR 3; LD 3</p>	<p>Charles Sockey, OTP/OD, 301-443-1104</p>	<p>CSC Requests and Signed Annual Funding Agreements.</p>	<p>FY02: Met</p>
<p>Indicator 45 Quality of Work Life: <i>This indicator addressing the Quality of Work-life has been discontinued for FY 2003</i></p>	<p>Indicator 45 Quality of Work Life: <i>This indicator addressing the Quality of Work-life has been discontinued for FY 2003</i></p>				<p>FY02: Not met. 96%</p>
<p>Indicator 46 Nurse Retention: During FY2003, the IHS will systematically work to improve nurse retention rates by:</p> <p>a. Develop the National Council of Nurses Recruitment and Retention Plan in all IHS Areas and Headquarters.</p> <p>b. Assessing vacancy, turnover and retention rates using the position reports to identify those locations where nursing vacancy and retention rates are most problematic.</p>	<p>Indicator 46 Nurse Retention: During FY 2004, the IHS will systematically work to improve nurse retention rates by:</p> <p>a. Implement the National Council of Nurses Recruitment and Retention Plan in all IHS Areas and Headquarters.</p> <p>b. Assessing area vacancy and attrition rates, on-line exit interviews, and job satisfaction surveys to include salary and benefits analysis to identify those locations where nursing vacancy and attrition rates are most problematic.</p>	<p>LD 1.9</p>	<p>Celissa Stephens, OCPS/OPH, 301-443-1840</p>		<p>New for FY03</p>